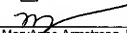


AMENDMENT TRANSMITTAL LETTER				Docket No. 3493-0179PUS1	
Application No. 10/594,740-Conf. #5296		Filing Date December 1, 2006		Examiner J. S. Lau	
				Art Unit 1623	
Applicant(s): Bernard FREISS et al.					
Invention: INCLUSION COMPLEXES CONTAINING PIROXICAM, A CYCLODEXTRIN AND ARGININE					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 25 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,110.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,110.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
				Dated: <u>October 14, 2008</u>	
MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

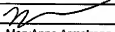
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/594,740-Conf. #5296 Filing Date December 1, 2006 First Named Inventor Bernard FREISS Examiner Name J. S. Lau Art Unit 1623 Attorney Docket No. 3493-0179PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,110.00	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26	
Each independent claim over 3 (including Reissues)	220	110	
Multiple dependent claims	390	195	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	- 25 or HP	0	52.00
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP	0	220.00
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month					1,110.00

SUBMITTED BY Signature 		Registration No. 40,069 (Attorney/Agent)	Telephone (703) 205-8000
Name (Print/Type) MaryAnne Armstrong, Ph.D.		Date October 14, 2008	